Australasian College for Emergency Medicine

Policy on the Australasian Triage Scale

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Document Review

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Revision History

Version	Date	
V5	Nov-2023	Minor editing for clarity and simplicity

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1. Purpose and background

Triage is an essential function in Emergency Departments (EDs), where many patients may present simultaneously. The Australasian Triage Scale (ATS) is a clinical tool for ensuring that presenting patients are prioritised according to clinical urgency.

This document should be read in conjunction with the Australasian College for Emergency Medicine (ACEM) *G24 Guidelines on the Implementation of the Australasian Triage Scale in Emergency Departments*.

2. Practicality and Reproducibility

As the ATS is primarily a clinical tool, the practicalities of patient flow must be balanced with attempts to maximise inter-rater reproducibility. It is recognised that no urgency measure reaches perfect reproducibility. Reproducibility within and between EDs can be maximised by application of *G24 Guidelines on the Implementation of the Australasian Triage Scale in Emergency Departments* and the use of the *Emergency Triage Education Kit (ETEK)*. Triage accuracy and system evaluation can be assessed by comparison against guidelines. Patterns of triage category distribution, Intensive Care Unit (ICU) admission, and mortality by triage category should be comparable between peer hospitals, for the higher and lower urgency categories. These benchmarks for EDs of different role delineation should be reviewed from time to time as disposition practices change.

3. Applications

3.1 Procedure

All patients presenting to an ED should be triaged on arrival by a specifically trained and experienced member of a clinical assessment team – which may be nursing, medical or combined. The triage assessment generally should take no more than two to five minutes with a balanced aim of speed and thoroughness being the essence, and the triage assessment and ATS category allocated must be recorded.

There should be a process and staffing in place to ensure regular re-assessment of patients who remain waiting, and, if the clinical features change, re-triage of patients accordingly. A member of the clinical assessment team may also initiate appropriate investigations or initial management, according to organisational guidelines.

4. Description of Scale

AUSTRALASIAN TRIAGE SCALE CATEGORY	TREATMENT ACUITY (Maximum waiting time for medical assessment and treatment)	PERFORMANCE INDICATOR THRESHOLD
ATS 1	Immediate	100%
ATS 2	10 minutes	80%
ATS 3	30 minutes	75%
ATS 4	60 minutes	70%
ATS 5	120 minutes	70%

5. Performance Indication and Thresholds

The indicator threshold represents the percentage of patients assigned ATS Categories 1 through to 5, who commence assessment and treatment within the relevant waiting time from their time of arrival. For the definition of *'Time of Assessment and Medical Treatment'* see *G24 - Guideline for the Implementation of the Australasian Triage Scale in Emergency Departments*. Staff and other resources should be deployed so that thresholds are achieved progressively from ATS Categories 1 through to 5. Performance indicator thresholds must be kept under regular review.

Prolonged waiting times for undifferentiated patients presenting for emergency care is viewed as a failure of both access and quality. Where ED operation is limited through overcrowding and access block, staff should be deployed so that performance is maintained in the more urgent categories unless the potential severity or the efficient streaming of cases is determined to be the most efficient use of human resources to maximise the efficiency, quality and safety of patient care in the ED.

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